Royalton Equine Veterinary Services, PC

7735 Chestnut Ridge Rd
Lockport, New York, 14094
Ph: 716 629 8384
Email: drbest@besthorsevet.com

BILL TO
Textor, Cathie
1031 28 Mile Creek Rd
Kennedy, NY, 14747

INVOICE	404393
DATE:	05-14-2021
DUE DATE	05-14-2021
CUSTOMER ID:	200328
CUSTOMER #:	200328
ORDER #:	
ANIMAL:	L'Legro
CLINICAL #:	303187

DESCRIPTION	STAFF MEMBER	QTY	TOTAL
Coggins Test	Jeanne Best, DVM	1	$43.00
Vetera Gold EWTFR-WNV **Batch(s):** 3710054A	Jeanne Best, DVM	1	$84.00
Examination-With Dental Procedure	Jeanne Best, DVM	1	$20.00
Dental Float with Bit Seat	Jeanne Best, DVM	1	$95.00
Detomidine/Dormosedan per ml	Jeanne Best, DVM	1.2	$54.00

PAYMENT TERMS: **COD**
Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.
Bank Account:
If you are paying by bank transfer, please note the invoice number and/or patient surname as your reference number.

Subtotal	$296.00
Inc. TAX	$0.00
Total	**$296.00**
Paid	$296.00
Due	**$0.00**

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INVOICE	404394
DATE:	05-14-2021
DUE DATE	05-14-2021
CUSTOMER ID:	200328
CUSTOMER #:	200328
ORDER #:	
ANIMAL:	Sandor
CLINICAL #:	303545

DESCRIPTION	STAFF MEMBER	QTY	TOTAL
Vetera Gold EWTFR-WNV **Batch(s):** 3710054A	Jeanne Best, DVM	1	$84.00
Examination-With Annual Vaccines	Jeanne Best, DVM	1	$20.00

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Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.
Bank Account:
If you are paying by bank transfer, please note the invoice number and/or patient surname as your reference number.

Subtotal	$104.00
Inc. TAX	$0.00
Total	**$104.00**
Paid	$104.00
Due	**$0.00**

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INVOICE	404395
DATE:	05-14-2021
DUE DATE	05-14-2021
CUSTOMER ID:	200328
CUSTOMER #:	200328
ORDER #:	
ANIMAL:	Polar Express (Piper)
CLINICAL #:	303544

DESCRIPTION	STAFF MEMBER	QTY	TOTAL
Call Charge Split- Jamestown	Jeanne Best, DVM	1	$60.00
Vetera Gold EWTFR-WNV **Batch(s):** 3710054A	Jeanne Best, DVM	1	$84.00
Examination-With Annual Vaccines	Jeanne Best, DVM	1	$20.00

PAYMENT TERMS: **COD**
Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.
Bank Account:
If you are paying by bank transfer, please note the invoice number and/or patient surname as your reference number.

Subtotal	$164.00
Inc. TAX	$0.00
Total	**$164.00**
Paid	$164.00
Due	**$0.00**

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INVOICE	404396
DATE:	05-14-2021
DUE DATE	05-14-2021
CUSTOMER ID:	200328
CUSTOMER #:	200328
ORDER #:	
ANIMAL:	Minos
CLINICAL #:	303188

DESCRIPTION	STAFF MEMBER	QTY	TOTAL
Vetera Gold EWTFR-WNV **Batch(s):** 3710054A	Jeanne Best, DVM	1	$84.00
Examination-With Dental Procedure	Jeanne Best, DVM	1	$20.00
Dental Float with Bit Seat	Jeanne Best, DVM	1	$95.00
Detomidine/Dormosedan per ml	Jeanne Best, DVM	1	$45.00
Sheath Cleaning	Jeanne Best, DVM	1	$32.00
Serum Chemistry	Jeanne Best, DVM	1	$57.00

PAYMENT TERMS: **COD**
Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.
Bank Account:
If you are paying by bank transfer, please note the invoice number and/or patient surname as your reference number.

Subtotal	$333.00
Inc. TAX	$0.00
Total	**$333.00**
Paid	$333.00
Due	**$0.00**

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INVOICE	404397
DATE:	05-14-2021
DUE DATE	05-14-2021
CUSTOMER ID:	200328
CUSTOMER #:	200328
ORDER #:	
ANIMAL:	Tracker
CLINICAL #:	303189

DESCRIPTION	STAFF MEMBER	QTY	TOTAL
Examination-With Dental Procedure	Jeanne Best, DVM	1	$20.00
Dental Float with Bit Seat	Jeanne Best, DVM	1	$95.00
Xylazine/Detomidine	Jeanne Best, DVM	1	$36.00

PAYMENT TERMS: **COD**
Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.
Bank Account:
If you are paying by bank transfer, please note the invoice number and/or patient surname as your reference number.

Subtotal	$151.00
Inc. TAX	$0.00
Total	**$151.00**
Paid	$151.00
Due	**$0.00**

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INVOICE	404398
DATE:	05-14-2021
DUE DATE	05-14-2021
CUSTOMER ID:	200328
CUSTOMER #:	200328
ORDER #:	
ANIMAL:	Riverdance
CLINICAL #:	303543

DESCRIPTION	STAFF MEMBER	QTY	TOTAL
Examination-With Dental Procedure	Jeanne Best, DVM	1	$20.00
Dental Float with Bit Seat	Jeanne Best, DVM	1	$95.00
Xylazine/Detomidine	Jeanne Best, DVM	1	$36.00

PAYMENT TERMS: **COD**
Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.
Bank Account:
If you are paying by bank transfer, please note the invoice number and/or patient surname as your reference number.

Subtotal	$151.00
Inc. TAX	$0.00
Total	**$151.00**
Paid	$151.00
Due	**$0.00**